This way the students get their teaching (without ending up conscience-stricken about the consultation) and the patient gets the required attention, without spending all morning at it and without facing a dauntingly large, potentially embarrassing, group on his/her first attendance.

I. O. AZUONYE

The Royal London Hospital
(St Clement's)
Bow Road, London E3 4LL

Psychiatry in literature

DEAR SIRS

Further to my comments (*Psychiatric Bulletin*, March 1990, **15**, 167–168) on the article by Förstl *et al* (*Psychiatric Bulletin*, December 1990), **14**, 705–707), I would like to draw your attention to the enclosed illustration from another book, *The Black Island* by Hergé.

It shows the intrepid reporter Tintin in action againt the deviant psychiatrist, Dr Müller, a member of a gang of counterfeiters. To rid himself of Tintin, Müller has decided to commit him to a psychiatric hospital of which he happens to be the director. Yet another example of a writer anticipating future developments in (forensic) psychiatry, i.e. the confinement of healthy opponents in hospital, long before our profession showed interest in the problem!

KAREL DE PAUW

Doncaster Royal Infirmary
Armthorpe Road
Doncaster DN2 5LT

Tintin dispatches the evil psychiatrist Dr Müller in *The Black Island.*

Fregoli's syndrome

DEAR SIRS

I read with interest Förstl *et al*'s article dealing with psychiatric phenomena in relation to Tintin cartoons (*Psychiatric Bulletin*, December 1990, **14**, 705–707). During the many years that I have been reading Hergé's stories, I have become convinced that Mr Thomson, the gentleman who appears wearing a bowler hat is, *in reality*, a man with a moustache called Mr Thompson. Am I suffering from Fregoli's syndrome?

JOHN OWEN

University of Bristol
Department of Mental Health
41 St Michael's Hill
Bristol BS2 8DZ

ECT and magic numbers

DEAR SIRS

Despite sporadic yet vociferous opposition, ECT has long been seen as among the most efficacious of psychiatric treatments. If this tenet is true, and as we do not know why it is so effective, it would seem logical at least to delineate exactly what we do, so that those who succeed us may be as successfully ignorant as we are. We have commenced, therefore, by looking at what exactly constitutes a course of ECT treatment.

All courses of ECT given in two centres in Sheffield over the past four years were logged (n = 405). The final number each course finished on was analysed and revealed some interesting results. The mean number of treatments received was 7 (range 1–23). The figures were neither normally nor bi-modally distributed. Looking at the range of 4–12 treatments, 11 is the least favourite number to finish on, closely followed by 7 which therefore doubles up at being almost the "inverse mode" as well as the mean. You would have a 60% chance of finishing on an even number as opposed to an odd one which is of obvious statistical significance ($P < 0.001$). You would be even less likely to finish on one of the six prime numbers that fall between 1 and 13 ($P < 0.001$). The three most common lengths of treatment were, in order, 6, 12, 8.

So it seems we can confidently teach that for ECT to be successful it should not finish on an odd number, and certainly not on a prime number. In addition, there are other things to take into account, apart from patient response, when deciding the length of course of treatment, such as one's own superstitions perhaps!

SARAH ST-LEGER
GWILYM HAYES

Whiteley Wood Clinic
Woofindin Road
Sheffield S10 3TL

Psychiatry in Romania

DEAR SIRS

The Romanian Relief Appeal has been organising help and relief to orphanages and hospitals in and

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around Comanesti in the Bacau district of Romania for the past year. The Group has found that there are no psychiatric services in Comanesti, and the physician at Comanesti Hospital has requested assistance from the Group in setting up a psychiatric clinic and in instruction in modern methods of treatment; it is a great need requiring urgent action.

A suitably qualified psychiatrist interested in providing help in this way would have the full backing of the Appeal Group. It is suggested that he or she should make a preliminary visit to the town to meet the doctors and other key people to discuss the plans in detail. Arrangements could then be made for a return visit to organise the setting up of the service, subject to the approval of the plans by the Director of Health in Bacau. Interested psychiatrists should get in touch with Dr Isabel D. Johnson, Medical Adviser, Biggin Hill and Tatsfield Romanian Relief Appeal, 22 Sandhills Road, Reigate, Surrey RH2 7JR.

M. Y. Ekdawi

Netherne Hospital (Rehabilitation Service)
Coulsdon, Surrey CR3 1YE

Conceptions of 'cannabis psychosis'

Dear Sirs

As a District Medical Officer in Tobago, West Indies, I looked at the attitudes of local health workers to the concept of 'cannabis psychosis' using a questionnaire based on that in Littlewood's study among 132 psychiatrists in the Birmingham region (Littlewood, 1988). My numbers are much smaller and obviously lack the statistical power of Dr Littlewood's study, but may be of interest as they reflect attributes among the local doctors and community psychiatric nurses responsible for this whole community.

Questionnaires were given to 11 doctors and two community psychiatric nurses. Five of the doctors said they knew little about the subject as they had specialised in other fields. Of the remaining eight respondents, all found cannabis psychosis a "useful diagnosis"; seven had seen patients whom they considered to have this condition; one felt that these patients were more likely to be detained compulsorily than other patients, three disagreed and four did not know; one agreed that cannabis psychosis is "a self-limiting condition", two disagreed and five did not know; five felt that major tranquillisers were "the best single treatment", two others chose reassurance and one chose ECT; five believed that cannabis psychosis was "more common" among people of African origin, while one felt it was commoner among people of racially mixed origin. This increased frequency was felt to be because this group smoked more cannabis in six cases, and one person replied that they were more vulnerable to its effects. Five people felt that cannabis use was "a significant mental health risk" and two disagreed. Two people felt that it caused a distinct illness and the remainder felt that it precipitated other mental illnesses. The group of respondents had been involved in 31 psychiatric admissions on the island in the previous year, of which 19 were compulsory. Three of these admissions were caused by or involved the use of ganja.

Cannabis psychosis was a label often used a few years ago in the UK (Camey *et al*, 1984), particularly regarding disturbed, young, black male patients, although its use as a label has become controversial and its existence as a diagnostic entity questioned. It is interesting, therefore, that unlike the British psychiatrists studied, all my respondents accepted it as an entity. As in Dr Littlewood's study, most respondents felt that major tranquillisers were the best treatment and most respondents felt that cannabis psychosis was commoner among people of African origin, not because of susceptibility but because they smoked more cannabis. Most felt that cannabis use was a significant mental health risk in contrast to the British psychiatrists' responses; indeed, they suggested that a tenth of urgent psychiatric admissions involved the use of cannabis.

Stefan Cembrowicz

Montpelier Health Centre
Bath Buildings
Montpelier, Bristol BS6 5PT

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